2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L05000083916

Entity Name: DEVELOPMED, LLC

Current Principal Place of Business:

7700 NO. KENDALL DR.
SUITE 510
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

7700 NO. KENDALL DR.
SUITE 510
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: REVENUE RECOVERY, IN, C.
Address: PO BOX 835113
City-St-Zip: MIAMI, FL 332835113 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: REVENUE RECOVERY, INC. BY G.N.FEDER, PRES. MGRM 04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date